

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## CEMETERY BOARD

### APPLICATION FOR CEMETERY PRENEED SELLER LICENSE

**Information:** Every individual who sells or solicits the sale of cemetery services and merchandise or an undeveloped space under a preneed sales contract and, if the individual is employed by or acting as an agent for a Cemetery Authority or any other person, that Cemetery Authority or other person is also required to be licensed. Certain exemptions for licensure apply per Wis. Stats. § 440.92.

Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12 and 440.13).

**PLEASE TYPE OR PRINT IN INK**

☐

Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

**Last Name**

**First Name**

**MI**

**Former / Maiden Name(s)**

**Address** (street, city, state, zip)

**Daytime Telephone Number**

**Mailing Address** (if different)

**Date of Birth**

**Social Security #**

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

**Ethnicity:**

☐ White, not of Hispanic origin

☐ American Indian or Alaskan

☐ Hispanic

☐ Black, not of Hispanic origin

☐ Asian or Pacific Islander

☐ Other

**Sex:**

☐ M ☐ F

**Have you ever been licensed in Wisconsin as a Cemetery Preneed Seller?**

☐

Yes ☐ No

If yes, list your credential number:

**Email Address**

**Preneed Seller is a:**

☐ Corporation

☐ Individual person, including officer or partner, who engages in preneed sales.

(check one)

☐ Cemetery Authority

☐ Other

☐ Partnership

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

☐ **Initial Credential Fee**  
\$ 75.00 Total Fee Attached

☐ **Reinstatement** (credential expired more than five (5) years)  
\$ 75.00 Renewal Fee  
\$ 25.00 Late Renewal Fee  
\$100.00 Total Fee Attached

**For Receipting Use Only (101)**

# Wisconsin Department of Safety and Professional Services

**ARE YOU A VETERAN?** If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?** ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?** ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?** ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVETS.com](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

## ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## TO BE COMPLETED BY PRENEED SELLER/EMPLOYER:

<b>Name of Employer</b> (exactly as it appears on license) <input type="text"/>	<b>License Number</b> <input type="text"/>
<b>Address</b> (street, city, state, zip) <input type="text"/>	<b>Daytime Telephone Number</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>I certify</b> that the applicant is competent to act as a Preneed Seller and that the employer will assume responsibility for the applicant pursuant to the Department rules.	
<b>Signature of Employer</b> (Sole Proprietor, Officer or Partner) <input type="text"/>	<b>Title</b> <input type="text"/>
<b>Name of Person Signing Above</b> <input type="text"/>	<b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

### CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

### AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

Date:   /   /